

FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted DENALI COMMISSION		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 190-05		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) MINTO VILLAGE COUNCIL P.O. BOX 58026 MINTO, ALASKA 99758					
4. Employer Identification Number 92-0171581		5. Recipient Account Number or Identifying Number 190-05		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 8/01/05		To: (Month, Day, Year) 6/30/06		9. Period Covered by this Report From: (Month, Day, Year) 10/1/05 To: (Month, Day, Year) 12/31/05	
10. Transactions:		9/30/05 Previously Reported		12/31/05 This Period	
				III Cumulative	
a. Total outlays		32,120		28,751	
b. Recipient share of outlays		32,120		32,120	
c. Federal share of outlays		0		28,751	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				28,751	
h. Total Federal funds authorized for this funding period				32,120	
i. Unobligated balance of Federal funds (Line h minus line g)				3369	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Shreele Charlie IGAP Assistant				Telephone (Area code, number and extension) 907-798-7399	
Signature of Authorized Certifying Official Shreele Charlie				Date Report Submitted 1/20/06	

NSN 7540-01-248-4387

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

ACCEPTED